

EMS TRAINING CENTER CERTIFICATION APPLICATION

This form is authorized under s. 146.50, Wis. Stats. and Chapters 110, 111, 112 and 113, Wis. Admin. Code. Completion of this form is mandatory for certification as an EMS Training Center in Wisconsin. Personally identifiable information requested on this form will only be used for certification purposes.

INSTRUCTIONS: Type or print legibly. Complete all sections of this application, sign, and return it to the address listed below. This application is to be used to apply for certification or update EMS Training Center Certification in Wisconsin. Attach information required in the accompanying checklists for each level of EMS training that is provided or is being applied for. Failure to complete all sections of this application and attaching the requested documentation will result in the application being returned unapproved.

RETURN COMPLETED FORM TO: DIVISION OF PUBLIC HEALTH
BUREAU OF LOCAL HEALTH SUPPORT & EMS
P.O. BOX 2659
MADISON, WI 53701-2659

Type of application: ☐ Initial ☐ Update/Renewal

Level(s) of training requested for approval (check all that apply):

☐ First Responder ☐ Basic ☐ Basic IV ☐ Intermediate (1999) ☐ Paramedic
☐ First Responder Ref. ☐ Basic Refresher ☐ Basic IV Refresher ☐ Intermediate (1999) Refresher ☐ Paramedic Refresher

APPLICANT INFORMATION

Training Center Name

Address

Mailing Address (if different than above)

City	State	Zip Code	County
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Name of Person Completing Application

Telephone Number	FAX Number	E-mail Address
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Name of EMS Program Contact (program assistant, secretary, etc.)

Telephone Number	FAX Number	E-mail Address
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TRAINING CENTER MEDICAL DIRECTOR INFORMATION

Medical Director Name	Physician License Number
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Address

Mailing Address (if different than above)

City	State	Zip Code	County
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Telephone Number	FAX Number	E-mail Address
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Attach a copy of the medical director's curriculum vitae.

SUPERVISORY CHAIN OF COMMAND: List the supervisory chain of command within your training center beginning with the agency head (i.e. District Director) through to the Instructor / Coordinator level.

Name	Title	Telephone Number and / or Email

Add additional sheets if necessary.

INSTRUCTOR / COORDINATORS: List the certified EMS Instructor / Coordinators employed at this facility. A resume or curriculum vitae, current CPR and ACLS (if teaching ALS levels) certification, current EMT licensure and / or National Registry of EMTs certification and current Instructor / Coordinator certification approval must be on file with your institution for our review. All requested information must be attached to this application for any instructor / coordinators seeking certification approval.

Name	License Number	License Level	Approved Teaching Levels (check all that apply)
			<input type="checkbox"/> FR <input type="checkbox"/> B <input type="checkbox"/> IV <input type="checkbox"/> INT <input type="checkbox"/> P
			<input type="checkbox"/> FR <input type="checkbox"/> B <input type="checkbox"/> IV <input type="checkbox"/> INT <input type="checkbox"/> P
			<input type="checkbox"/> FR <input type="checkbox"/> B <input type="checkbox"/> IV <input type="checkbox"/> INT <input type="checkbox"/> P
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			<input type="checkbox"/> FR <input type="checkbox"/> B <input type="checkbox"/> IV <input type="checkbox"/> INT <input type="checkbox"/> P
			<input type="checkbox"/> FR <input type="checkbox"/> B <input type="checkbox"/> IV <input type="checkbox"/> INT <input type="checkbox"/> P
			<input type="checkbox"/> FR <input type="checkbox"/> B <input type="checkbox"/> IV <input type="checkbox"/> INT <input type="checkbox"/> P

Add additional sheets if necessary.

PRECEPTORS: List the preceptors used by your facility. A resume or curriculum vitae, current CPR and ACLS (if teaching ALS levels) certification, and current licensure information must be on file with your institution for our review.

Name	License Number	License Type	Years Pre-hospital Experience

Add additional sheets if necessary.

ADJUNCT FACULTY (Teaching Assistants, etc.): List the adjunct faculty employed by your facility. A resume or curriculum vitae, current CPR and ACLS (if teaching ALS levels) certification, current EMT licensure and/or National Registry of EMTs certification must be on file with your institution for our review.

Name	License Number	License Level

Add additional sheets if necessary.

TRAINING LOCATIONS: List the locations at which EMS training is commonly conducted.

[illegible]

Add additional sheets if necessary.

I, _____, as the administrator/supervisor/dean of the Emergency
(Print Name)

Medical Services discipline of _____ agree that all training provided
(Name of Training Center)

by this training center will be conducted in direct compliance with all administrative rules, regulations,
policies and guidelines established by the current edition of the U.S. Department of Transportation, the
EMS Section of the Bureau of Local Health Support and EMS, and the Wisconsin Technical College
System Board (where applicable).

SIGNATURE - Administrator/Supervisor/Dean

Title

Date Signed

**State of Wisconsin
DHFS-BLHS-EMS
First Responder Training Center – CHECKLIST**

Date:

Training Center:

APPROVAL	REQUIREMENT	COMMENTS
	Application request including:	
	The following information as a narrative:	
	Documentation of the community need for a training center. HFS113	
	Description of the capabilities to train First Responders using DOT and state curriculums. HFS113	
	Signed commitment to comply with relevant requirements of statutes and administrative rules. HFS113	
	Signed commitment to provide training in accordance with national standard curriculum and state curriculum. HFS113	
	Signed commitment to retain documentation of attendance and clinical competencies and exam scores for 5 years. HFS113	
	Submission of the training center application provided by the department	
	Medical Director:	
	Identification and documentation of the qualifications of the physician medical director of the training center. (Experience in emergency medicine.) HFS113	
	Copies of the medical director's Wisconsin license and resume'. HFS113	
	A signed commitment by the training center medical director to accept the responsibilities. HFS113	
	Training program evaluation description – how often. HFS113	
	Instructor evaluation description – how often. HFS113	

**State of Wisconsin
DHFS-BLHS-EMS
First Responder Training Center – CHECKLIST**

APPROVAL	REQUIREMENT	COMMENTS
	Instructor/Coordinator: <i>(See Attachment)</i>	
	<p>Identification and list of qualifications of each person who will serve as Instructor/Coordinator with specification of that person's responsibilities.</p> <p style="text-align: right;">HFS113</p> <ul style="list-style-type: none"> • Current NREMT, current CPR instructor, I/C training , 2 years of field experience, prior teaching experience (1 Basic and 1 refresher or 2 basic classes) 	
	<p>First Responder Course Information: (Since courses are automatically approved through EMSS, we require the standard elements of your course to be identified. If any of these components change during the life of the training center, the changes must be sent to the BLHS-EMS for approval).</p>	
	<p>Identify # of hours classroom training and supervised clinical experience.</p> <p style="text-align: right;">HFS113</p>	
	<p>Course schedule and lesson scope, subject matter content and time allocations.</p> <p style="text-align: right;">HFS113</p>	
	<p>Description of supervised clinical experience and training to be used.</p> <p style="text-align: right;">HFS113</p>	
	<p>Identify normal class size.</p> <p style="text-align: right;">HFS113</p>	
	<p>Identify student selection procedures to be used.</p> <p style="text-align: right;">HFS113</p>	
	<p>Identify student text, workbooks, handouts and evaluation instruments to be used.</p> <p style="text-align: right;">HFS113</p>	
	<p>Identify and describe the methods to evaluate student performance and successful completion of the course.</p> <p style="text-align: right;">HFS113</p>	
	<p>Comprehensive written and practical skills testing.</p> <p style="text-align: right;">HFS113</p>	

**State of Wisconsin
DHFS-BLHS-EMS
First Responder Training Center – CHECKLIST**

First Responder Instructor/Coordinator Licensing

APPROVAL	REQUIREMENT	COMMENTS
	Licensure	
	Current NREMT certification as EMT-Basic or better – OR - Wisconsin licensure as an EMT-Basic or higher. HFS113	
	CPR	
	Current Basic Life Support CPR Instructor (AHA or ARC). HFS113	
	Instructor Training	
	Completion of Instructor/Coordinator Orientation Workshop. HFS113	
	Work Experience	
	Prior experience in the delivery of EMS instruction to include a minimum of one EMT-Basic and one EMT-Basic Refresher course or two EMT-Basic courses (under supervision of current I/C) or equivalent (per DHFS). HFS113	
	Field Experience	
	Minimum of two years of field experience as EMT or licensed emergency health care professional in a related health care field (experience accrued within an institution may be accepted for a maximum of one year's experience in fulfilling the field experience requirement). HFS113	
	Current Employment	
	Verification of active employment by a Wisconsin approved EMT Training Center. HFS113	
	Medical Director Designation	
	Designation by the physician medical director of the EMT Training Center through which the course will be taught. HFS113	

Training Center Approved By:

Date:

Entered in EMSS:

Bureau Notification:

Comments:

State of Wisconsin
Department of Health and Family Services
Division of Public Health, BLHS&EMS
EMT-Basic Training Center – CHECKLIST

Date:

Training Center:

APPROVAL	REQUIREMENT	COMMENTS
	Application request narrative including:	
	<ul style="list-style-type: none"> Documentation of the community need for a training center. HFS110.07(1)(c)(1) 	
	<ul style="list-style-type: none"> Description of the capabilities to train EMTs using DOT and state curriculums. HFS110.07(1)(c)(2) 	
	<ul style="list-style-type: none"> Signed commitment to comply with relevant requirements of statutes and administrative rules. HFS110.07(1)(c)(3) 	
	<ul style="list-style-type: none"> Signed commitment to provide training in accordance with national standard curriculum and State curriculum. HFS110.07(1)(c)(3) 	
	<ul style="list-style-type: none"> Signed commitment to retain documentation of attendance, clinical and field competencies and exam scores for 5 years. HFS110.07(1)(c)(4) 	
	<ul style="list-style-type: none"> Submission of the training center application provided by the Department. 	
	Medical Director:	
	<ul style="list-style-type: none"> Identification and documentation of the qualifications of the physician medical director of the training center. (Experience in emergency medicine.) HFS110.07(1)(c)(5) 	
	<ul style="list-style-type: none"> Copies of the medical director's Wisconsin license and resume'. HFS110.07(1)(c)(5)(b) 	
	<ul style="list-style-type: none"> A signed commitment by the training center medical director to accept the responsibilities. HFS110.07(1)(c)(5)(a) 	

State of Wisconsin
Department of Health and Family Services
Division of Public Health, BLHS&EMS
EMT-Basic Training Center – CHECKLIST

APPROVAL	REQUIREMENT	COMMENTS
	Instructor/Coordinator: <i>(See Attachment)</i>	
	<ul style="list-style-type: none"> Identification and list of qualifications of each person who will serve as Instructor/Coordinator with specification of that person's responsibilities. <ul style="list-style-type: none"> Current NREMT, current CPR instructor, I/C training , 2 years of field experience, prior teaching experience (1 Basic and 1 refresher or 2 basic classes) <p style="text-align: right;">HFS110.07(1)(c)(6)</p>	
	EMT-Basic Course Information: (Since courses are automatically approved through EMSS, we require the standard elements of your course to be identified. If any of these components change during the life of the training center, the changes must be sent to the BLHSEMS for approval).	
	<ul style="list-style-type: none"> A description of the course schedule and lesson scope, subject matter content and time allocations to be used by the certified training center. <p style="text-align: right;">HFS110.07(3)(b)(1)</p>	
	<ul style="list-style-type: none"> Description of supervised clinical or field experience and training to be provided to the student. <p style="text-align: right;">HFS110.07(3)(b)(2)</p>	
	<ul style="list-style-type: none"> Identify normal class size to be taught. <p style="text-align: right;">HFS110.07(3)(b)(3)</p>	
	<ul style="list-style-type: none"> Identify student selection procedure to be used. <p style="text-align: right;">HFS110.07(3)(b)(3)</p>	
	<ul style="list-style-type: none"> Identify student text, workbooks, handouts and evaluation instruments to be used (provide samples if possible). <p style="text-align: right;">HFS110.07(3)(b)(4)</p>	
	<ul style="list-style-type: none"> Identify and describe the methods to evaluate student performance and successful completion of the course. <p style="text-align: right;">HFS110.07(3)(b)(5)</p>	
	<ul style="list-style-type: none"> Comprehensive written and practical skills testing. <p style="text-align: right;">HFS110.07(3)(c)(6)</p>	
	<ul style="list-style-type: none"> A description of how the training center will evaluate the training program and the instructors, and how often that evaluation will occur. <p style="text-align: right;">HFS110.07(1)(c)(8)</p>	

State of Wisconsin
Department of Health and Family Services
Division of Public Health, BLHS&EMS
EMT-Basic Training Center – CHECKLIST

EMT-Basic Instructor/Coordinator Approval

APPROVAL	REQUIREMENT	COMMENTS
	Licensure	
	<ul style="list-style-type: none"> Current NREMT certification as EMT-Basic or better – OR - Wisconsin licensure as an EMT-Paramedic. HFS110.07(2)(a)(1)	
	CPR	
	<ul style="list-style-type: none"> Current Basic Life Support CPR Instructor (AHA or ARC). HFS110.07(2)(a)(2)	
	Instructor Training	
	<ul style="list-style-type: none"> Completion of Instructor/Coordinator Orientation Workshop. HFS110.07(2)(a)(3)	
	Work Experience	
	<ul style="list-style-type: none"> Prior experience in the delivery of EMS instruction to include a minimum of one EMT-Basic and one EMT-Basic Refresher course or two EMT-Basic courses (under supervision of current I/C) or equivalent (per DHFS). HFS110.07(2)(a)(5)	
	Field Experience	
	<ul style="list-style-type: none"> Minimum of two years of field experience as EMT or licensed emergency health care professional in a related health care field (experience accrued within an institution may be accepted for a maximum of one year's experience in fulfilling the field experience requirement). HFS110.07(2)(a)(4)	
	Current Employment	
	<ul style="list-style-type: none"> Verification of active employment by a Wisconsin approved EMT Training Center. HFS110.07(2)(d)(3)	
	Medical Director Designation	
	<ul style="list-style-type: none"> Designation by the physician medical director of the EMT Training Center through which the course will be taught. HFS110.07(2)(a)(7)	

Training Center Approved By:

Date:

Entered in EMSS:

Bureau Notification:

Comments:

**State of Wisconsin
DHFS-BLHS-EMS
EMT-IV Tech Training Center - Checklist**

Date:

Training Center:

APPROVAL	REQUIREMENT	COMMENTS
	Application request narrative including:	
	Documentation of the community need for a training center HFS 110.07(1)(C)1	
	Description of the capabilities to train EMTs using DOT and state curriculums. HFS 110.07(1)(C)2	
	Signed commitment to comply with relevant requirements of statutes and administrative rules HFS 110.07(1)(C)3	
	Signed commitment to retain documentation of attendance, clinical and field competencies and exam scores for 5 years. HFS 110.07(1)(C)4	
	Submission of the training center application provided by the department	
	Medical Director:	
	Identification and documentation of the qualifications of the physician medical director of the training center. (Experience in emergency medicine) HFS 110.07(1)(C)5	
	A signed commitment by the training center medical director to accept the responsibilities HFS 110.07(1)(C)5a	
	Copies of the medical director's Wisconsin license and resume' HFS 110.07(1)(C)5b	
	Instructor/Coordinator (SEE ATTACHMENT)	
	Identification and list of qualifications of each person who will serve as Instructor/Coordinator with specification of that person's responsibilities <ul style="list-style-type: none"> ▪ Current NREMT, current CPR instructor, I/C training , 2 years of field experience, prior teaching experience (1 Basic and 1 refresher or 2 basic classes) HFS 110.07(1)(C)6	

**State of Wisconsin
DHFS-BLHS-EMS
EMT-IV Tech Training Center - Checklist**

Preceptors:		
	<p>Identification and listing of the qualifications of each person who will function as preceptor for EMT-IV field training, with specific responsibilities.</p> <p>(A copy of the preceptor resume/CV should be kept on file with the TC and made available upon request)</p> <p style="text-align: right;">HFS 110.07(1)(c)</p>	
APPROVAL	REQUIREMENT	COMMENTS
	<p>EMT IV-Tech Course Information: (Since courses are automatically approved through EMSS, we require the standard elements of your course to be identified. If any of these components change during the life of the training center, the changes must be sent to the BLHS-EMS for approval).</p>	
	<ul style="list-style-type: none"> ▪ A description of the course schedule and lesson scope, subject matter content and time allocation to be used by the certified training center <p style="text-align: right;">HFS 110.07(3)1</p>	
	<ul style="list-style-type: none"> ▪ Description of supervised clinical or field experience and training to be provided to the student. <p style="text-align: right;">HFS 110.07(3)2</p>	
	<ul style="list-style-type: none"> ▪ Identification of the normal class size to be taught and student selection procedure to be used. <p style="text-align: right;">HFS 110.07(3)3</p>	
	<ul style="list-style-type: none"> ▪ Identify student text, workbooks, handouts and evaluation instruments to be used (provide samples if possible). <p style="text-align: right;">HFS 110.07(3)4</p>	
	<ul style="list-style-type: none"> ▪ Identify and describe the methods to evaluate student performance and successful completion of the course. <p style="text-align: right;">HFS 110.07(3)5</p>	
	<ul style="list-style-type: none"> ▪ A description of how the training center will evaluate the training program and the instructors, and how often that evaluation will occur. <p style="text-align: right;">HFS 110.07(3)8</p>	

**State of Wisconsin
DHFS-BLHS-EMS
EMT-IV Tech Training Center - Checklist**

EMT-IV Tech Instructor Coordinator Licensing

APPROVAL	REQUIREMENT	COMMENTS
	EMT BASIC-IV Tech Instructor Coordinator	Comments
	Current NREMT certification as EMT-Basic or better and Wisconsin licensure as an EMT-Basic IV Tech – OR - Current NREMT certification as an EMT-I85, EMT-I99 or EMT-Paramedic – OR - Current Wisconsin license as an EMT-Paramedic	
	CPR	
	Current Basic Life Support CPR Instructor (AHA or ARC)	
	Instructor Training	
	Completion of Instructor/Coordinator Orientation Workshop	
	Work Experience	
	Prior experience in the delivery of EMS instruction to include a minimum of one EMT-Basic and one EMT-Basic Refresher course or two EMT-Basic courses (under supervision of current I/C) or equivalent (per DHFS).	
	Field Experience	
	Minimum of two years of field experience as EMT-IV Tech or above or licensed emergency health care provider in a related health care field providing advanced life support patient care. One year of experience must be in the pre-hospital setting.	
	Current Employment	
	Verification of active employment by a Wisconsin approved EMT Training Center.	
	Medical Director Designation	
	Designation by the physician medical director of the EMT Training Center through which the course will be taught.	

Training Center approved by:

Date:

Entered into EMSS:

Bureau notification:

Comments:

**State of Wisconsin
DHFS-BLHS-EMS
EMT-Intermediate Training Center - Checklist**

Date:

Training Center:

APPROVAL	REQUIREMENT	COMMENTS
	Application narrative including:	
	Description of the capabilities of the organization to train at this level including pre-hospital, interfacility, and hospital settings. Include the use of the DOT curriculum and the ability to provide the NT1000 Terrorism course. HFS 111.06(1)(c)1	
	Signed commitment to comply with relevant requirements of statutes and administrative rules as they pertain to EMT-Intermediate HFS 111.06(1)(c)2	
	Signed commitment to provide training in accordance with national standard curriculum and state curriculum. HFS 111.06(1)(c)2	
	Signed commitment to retain documentation of attendance, clinical and field competencies and exam scores for 5 years. HFS 111.06(1)(c)3	
	Submission of the training center application provided by the department.	
	Medical Director:	
	Identification and documentation of the qualifications of the physician medical director of the training center. (Experience in emergency medicine) HFS 111.06(1)(c)4	
	A signed commitment by the training center medical director to accept the responsibilities as they apply to EMT-Intermediate training HFS 111.06(1)(c)4.a.	
	Copies of the medical director's Wisconsin license and resume' and state license. HFS 111.06(1)(c)4.b.	
	Instructor/Coordinator: (SEE ATTACHMENT)	
	Identification and list of qualifications the person who will function as lead EMT-Intermediate instructor-coordinator for EMT-Intermediate training with specifications of that persons responsibilities, including a copy of that persons resume. HFS 111.06(5)	
	Preceptors:	
	Identification and list of qualifications of each person functioning as a preceptor for EMT-Intermediate field training including: HFS 111.06(6)	

**State of Wisconsin
DHFS-BLHS-EMS
EMT-Intermediate Training Center - Checklist**

APPROVAL	REQUIREMENT	COMMENTS
	Knowledge of and experience in using EMT-Intermediate skills in an emergency setting. (RN, MD, PA okay if experienced in the pre-hospital setting.) HFS 111.06(6)a	
	Two years experience as licensed and practicing EMT-Intermediate at the intermediate level or above. HFS 111.06(6)b	
	Designated by the training center medical director. HFS 111.06(6)b	
	ACLS trained HFS 111.06(6)c	
	Responsible for field training records HFS 111.06(6)d	
	List of preceptor responsibilities & guidelines BLHS-EMS Requirement	
	Documentation that field training will be provided by a WI Licensed intermediate or paramedic service. HFS 111.06(7)	
	Documentation of the above can be a letter of agreement signed by the training center representative, training center medical director, service director, and service medical director agreeing to provide supervised field training. HFS 111.06(7)	
	EMT-Intermediate Course: HFS 111.06(3) (Since courses are automatically approved through EMSS, we require the standard elements of your courses be identified. If any of these components change during the life of the training center, the change must be sent to the BLHS-EMS for approval).	
	A statement that, at a minimum, all the items and hours as described in the 2001 curriculum will be followed. HFS 111.06(3)1	
	Identify the number of hours that will be devoted to classroom instruction. HFS 111.06(3)1	
	Identify the number of hours that will be devoted to clinical training. HFS 111.06(3)1	
	Identify the number of hours that will be devoted to supervised field experience. HFS 111.06(3)1	
	Content and behavioral objectives of the course including classroom, clinical, and supervised field experience phases of training. HFS 111.06(3)1a	

**State of Wisconsin
DHFS-BLHS-EMS
EMT-Intermediate Training Center - Checklist**

	<p>The specific skills and drugs to be covered.</p> <p style="text-align: right;">HFS 111.06(3)1b</p>	
APPROVAL	REQUIREMENT	COMMENTS
	<p>Hours of instruction for each phase.</p> <p style="text-align: right;">HFS 111.06(3)1c</p>	
	<p>A description of the training program operations, including the following:</p> <p>Identify student selection procedures to be used.</p> <p style="text-align: right;">HFS 111.06(3)2a</p>	
	<p>Identify training and experience requirements.</p> <p style="text-align: right;">HFS 111.06(3)2b</p>	
	<p>The location of classroom training and how it will be conducted.</p> <p style="text-align: right;">HFS 111.06(3)2c</p>	
	<p>The names and qualifications of instructors available to present each topic.</p> <p style="text-align: right;">HFS 111.06(3)2c</p>	
	<p>The location of the clinical experience. This includes:</p> <ul style="list-style-type: none"> Identifying the emergency care and training capabilities of the teaching hospital or hospitals, the clinical areas available for hands-on experience and observation for all skills specified in the curriculum to involve hands-on training, The identity and qualifications of the person supervising students' clinical experience An agreement to keep records of student participation using a form approved by the department in documenting the clinical experience that a student received. <p style="text-align: right;">HFS 111.06(3)2d</p>	
	<p>How the supervised field experience will be conducted.</p> <ul style="list-style-type: none"> The content of the field experience. The qualifications of the person who will supervise the field experience. <p>(This may be a physician, registered nurse, physicians assistant, or EMT-Intermediate or higher with approval from the course medical director).</p> <p style="text-align: right;">HFS 111.06(3)2e</p>	
	<p>A description of how student performance and practical competencies will be evaluated and how the effectiveness of the training program will be evaluated.</p> <p style="text-align: right;">HFS 111.06(3)3</p>	

**State of Wisconsin
DHFS-BLHS-EMS
EMT-Intermediate Training Center - Checklist**

Intermediate Instructor/Coordinator Licensing

APPROVAL	Intermediate Instructor/Coordinator	Comments
	Current NREMT certification or Wisconsin licensure as an EMT-Paramedic, <i>Current NREMT certification as Intermediate, or Paramedic, Wis. Licensure as paramedic or eligible for licensure as Intermediate based on completion of WI intermediate course.</i> HFS111.06(2)	
	CPR	
	Current Basic Life Support CPR Instructor (AHA or ARC)	
	Current Advanced Life Support Instructor (AHA)	
	Instructor Training	
	Completion of Instructor/Coordinator Orientation Workshop	
	Work Experience: Completion of 150 hours of supervised teaching experience at the advanced life support level (<i>EMT-Intermediate level or above using I-99 or paramedic curriculum</i>).	
	Field Experience	
	Minimum of two years of field experience as EMT-Paramedic or licensed emergency health care provider in a related health care field providing advanced life support patient care. <i>Minimum of 2 years experience as a licensed practicing EMT-intermediate or equivalent critical care experience as determined by the department.</i>	
	Current Employment	
	Verification of active employment by a Wisconsin approved EMT Training Center.	
	Medical Director Designation	
	Designation by the physician medical director of the EMT Training Center through which the course will be taught.	

Training Center approved by:

Date:

Entered into EMSS:

Bureau notification:

Comments:

**State of Wisconsin
DHFS-BLHS-EMS
Paramedic Training Center - CHECKLIST**

Date:

Training Center:

APPROVAL	REQUIREMENT	COMMENTS
	Application narrative including: HFS 112.06(1)(c)	
	Documentation of the community need for an EMT-Paramedic training center HFS 112.06(1)(C)1	
	Description of the capabilities to train EMT-Paramedic in prehospital, interfacility and hospital settings using DOT and state curriculums. HFS 112.06(1)(c)1.	
	Signed commitment to comply with relevant requirements of statutes and administrative rules as they pertain to EMT-Paramedic HFS 112.06(1)(c)1.	
	Signed commitment to provide training in accordance with national standard curriculum and state curriculum. HFS 112.06(1)(c)2.	
	Signed commitment to retain documentation of attendance, clinical and field competencies and exam scores for 5 years. HFS 112.06(1)(c)3.	
	Submission of the training center application provided by the department.	
	Medical Director:	
	Identification and documentation of the qualifications of the physician medical director of the training center. (Experience in emergency medicine) HFS 112.06(1)(c)4.	
	A signed commitment by the training center medical director to accept the responsibilities as they apply to EMT-Paramedic training HFS 112.06(1)(c)4.a.	
	Copies of the medical director's Wisconsin license and resume' HFS 112.06(1)(c)4.b.	
	Instructor/Coordinator: (See Attachment)	
	Identification and documentation of the qualifications of each person who will serve as EMT-Paramedic instructor/Coordinator with specification of that person's responsibilities including: HFS 112.06(1)(C)	
	• Current licensure as an EMT-Paramedic HFS 112.06(2)(a)1	
	• Current CPR Instructor certification HFS 112.06(2)(a)4	
	• Attendance at Instructor/Coordinator workshop HFS 112.06(2)(a)8	
APPROVAL	REQUIREMENT	COMMENTS

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Paramedic Training Center - CHECKLIST**

	<ul style="list-style-type: none"> A minimum of two years of full time experience as a licensed, practicing EMT-Paramedic or critical care experience as determined by the department <p style="text-align: right;">HFS 112.06(2)(a)2</p>	
	<ul style="list-style-type: none"> Prior teaching experience with a minimum of 150 hours at the EMT-Paramedic level or above <p style="text-align: right;">HFS 112.06(2)(a)3</p>	
	<ul style="list-style-type: none"> Written commitment that the I/C will have overall responsibility for the day-to-day coordination and administration of all aspects of the training course and will maintain all course records for at least 5 years <p style="text-align: right;">HFS 112.06(2)(a)7</p>	
	<ul style="list-style-type: none"> Current ACLS Instructor certification <p style="text-align: right;">HFS 112.06(2)(a)5</p>	
	<ul style="list-style-type: none"> Written approval as an EMT-Paramedic Instructor/Coordinator by the department of, if employed by the WTCS, be jointly approved <p style="text-align: right;">HFS 112.06(2)(a)9</p>	
	<ul style="list-style-type: none"> Written identification that the EMT-Paramedic Instructor/Coordinator will maintain licensure as an EMT-Paramedic, certification as a CPR Instructor, ACLS instructor, and as an EMT-Basic Instructor/Coordinator. <p style="text-align: right;">HFS 112.06(2)(a)6</p>	
	Adjunct Faculty and Instructor:	
	A list of all Adjunct Faculty and Instructors', the courses they are certified to instruct, contact information including email address. (Data sheet enclosed)	
	Evaluation:	
	Training program evaluation- description, tools , how often; Copy of tool used	
	Instructor evaluation – description, tools, how often; Copy of tool used	
	EMT-Paramedic Course (Since courses are automatically approved through EMSS, we require the standard elements of your courses be identified. If any of these components change during the life of the training center, the change must be sent to the BLHS-EMS for approval)	
	Statement that all items included in the WI Revised National Standard Paramedic Curriculum will be included in the course. The most current curriculum should be taught. If using other curriculum, submit for review and approval.	
	HFS 112.06(3)(b)1	
APPROVAL	REQUIREMENT	COMMENTS

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	Identify # of hours of classroom training and supervised clinical and field experience HFS 112.06(3)(b)1	
	Content and behavioral objectives for each setting: Clinical, Classroom, and Field HFS 112.06(3)(b)1.a.	
	Course schedule and lesson scope, syllabus for each course.	
	Description of supervised clinical and field experience and training to be used; list of approved site locations with contact information	
	Identify student selection procedures to be used	
	Identify pre-requisites for students (EMT-Basic licensure, etc.)	
	Identify student text, workbooks, handouts and evaluation instruments to be used	
	Identify and describe the methods to evaluate student performance, minimum competencies and successful completion of the course	
	Comprehensive written and practical skills testing; number of exams, quizzes, other evaluation tools used	
	Tools used to document clinical and field training hours and skills, verify signatures	
	Field Training:	
	Documentation that field training will be provided by a Wisconsin licensed EMT-paramedic provider or providers as evidenced by the signatures of the training center representative, training center medical director and the medical director and operator for all ambulance service providers agreeing to provide supervised field training.	
	List of all contracted clinical and field training sites; the contact name and phone number.	
	Preceptors:	
	Identification and list of qualifications of each person functioning as a preceptor for EMT-Paramedic field training including:	
	<ul style="list-style-type: none"> Knowledge of and experience in using EMT-Paramedic skills in an emergency setting. (RN, MD, 	

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	PA okay if experienced in the pre-hospital setting.)	
	▪ Two years experience as licensed and practicing EMT-Paramedic level	
	▪ Designated by the training center medical director.	
	▪ ACLS certified	
	Name of person responsible for field training record keeping.	
	List of preceptor responsibilities	
	CV or resume should be on file at your institution for all preceptors.	

Training Center approved by:

Date:

Entered into EMSS:

Bureau notification:

Comments:

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EMT-Paramedic Instructor/Coordinator

APPROVAL	REQUIREMENT	COMMENTS
	Licensure	
	Current NREMT certification or Wisconsin licensure as an EMT-Paramedic	
	CPR	
	Current Basic Life Support CPR Instructor (AHA or ARC)	
	Current Advanced Life Support Instructor (AHA)	
	Instructor Training	
	Completion of Instructor/Coordinator Orientation Workshop	
	Work Experience	
	Completion of 150 hours of supervised teaching experience at the advanced life support level.	
	Field Experience	
	Minimum of two years of field experience as EMT-Paramedic or licensed emergency health care provider in a related health care field providing advanced life support patient care.	
	Current Employment	
	Verification of active employment by a Wisconsin approved EMT Training Center.	
	Medical Director Designation	
	Designation by the physician medical director of the EMT Training Center through which the course will be taught.	